



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  DR VICTOR I LYDAY 1303 MCCULLOUGH #361 SAN ANTONIO TX 78212	MFDR Tracking #: M4-05-6256-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  TEXAS MUTUAL INSURANCE CO Box #: 54	Date of Injury:
	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

**Requestor's Rationale for Increased Reimbursement:** "CPT codes A4550 & A4649 are a carrier discretion codes. Therefore, since this is a workers' compensation injury and is needed by the patient to promote recovery, it is a covered service according to Section 408.021(a) of the TWCC Rules. According to Medical CCI Edits these HCPCs code are not global to CPT codes 20525, 20525, 99205-25, 73130-WP, 99080, 99070, J2001."

**Principal Documentation:**

1. DWC 60 Package
2. Medical Bill(s)
3. EOB(s)
4. Medical Records
5. Total Amount Sought - \$70.00

### PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPAL DOCUMENTATION

**Respondent's Position Summary:** The respondent did not submit a response to this request for medical fee dispute resolution.

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
01/12/2005	A4649	Not Applicable	\$30.00	\$0.00
	A4550	Not Applicable	\$40.00	\$0.00
<b>Total Due:</b>				<b>\$0.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Tex. Lab. Code Ann. §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### Background

1. This request for medical fee dispute resolution was received by the Division on March 29, 2005. Pursuant to Division rule at 28 TAC §133.307(g)(3), effective January 1, 2003, 27 TexReg 12282, applicable to disputes filed on or after January 1, 2003, the Division notified the requestor on April 18, 2005 to send additional documentation relevant to the fee dispute as set forth in the rule.
2. Division rule at 28 TAC §134.202, titled *Medical Fee Guideline*, effective August 1, 2003, sets out the reimbursement for medical treatment and services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 2/15/2005

- G, 217-The value of this procedure is included in the value of another procedure performed on this date.
- G, 284-No allowance was recommended as this procedure indicates a status B (Bundled) based on Medicare.

Explanation of benefits dated 3/11/2005

- CAC-W4-No additional reimbursement allowed after review of appeal/reconsideration.
- 891-The insurance company is reducing or denying payment after reconsidering a bill.

### **Issues**

1. Is the requestor entitled to reimbursement for HCPCS codes A4649 and A4550?

### **Findings**

1. Division rule at 28 TAC §134.202(b) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program methodologies, models, and values or weight including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section."

Division rule at 28 TAC §134.202(c)(2) states "for Healthcare Common Procedure Coding System (HCPCS) Level II codes, A, E, J, K, and L: (A) 125% of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule; (B) if the code has no published Medicare rate, 125% of the published Texas Medicaid Fee Schedule Durable Medical Equipment/Medical Supplies Report J, for HCPCS; or (C) if neither paragraph (2)(A) nor (2)(B) of this section apply, then as calculated according to paragraph (6) of this subsection."

- HCPCS code A4649 is described as "Surgical supply; miscellaneous." This item or service payment is bundled into payment for other physician services per Division rule at 28 TAC §134.202; therefore, reimbursement is not recommended.
- HCPCS code A4550 is described as "Surgical trays." This item or service payment is bundled into payment for other physician services per Division rule at 28 TAC §134.202; therefore, reimbursement is not recommended.

### **Conclusion**

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation does not support the reimbursement amount sought by the requestor. For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

**July 6, 2010**

\_\_\_\_\_  
Date

## PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**